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JAN 27 2005**FAX COVER PAGE**

TO: U.S. Patent and Trademark Office

TELEFAX #: (703) 872-9306

ATTENTION: Examiner Kastler

DATE: January 27, 2005

TIME: 4:30 p.m.

NUMBER OF PAGES: 29 total page(s) (including this cover)

FROM: Rochelle Lieberman, Esq.

RE: U.S. Patent Application Serial No. 10/805,094
Our File No. 1228-201

DESCRIPTION: Response to Notice of Non-Compliant Amendment

COMMENT:

Voice Confirmation Required:

Yes



No

Original to Follow by Mail/Courier:

Yes



No

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CERTIFICATION OF TRANSMISSION

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Office, Fax No. (703) 872-9306 on January 27, 2005.

1/27/05
Date of Deposit

Rochelle Lieberman

PATENT

Atty. Docket No.: 1228-201

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Sykes

SERIAL NO.: 10/805,094

Group Art Unit: 1742

FILING DATE: March 19, 2004

Examiner: Kastler, Scott

FOR: Accelerated Steel Removal
Process**AMENDMENT TRANSMITTAL LETTER**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Mail Stop: Amendment

Sir:

Enclosed is an amendment in the above-identified patent application.

- ☐ A verified statement(s) claiming small entity status
- ☐ are also enclosed ☒ was submitted previously.
- ☐ A Petition for Extension of Time is also enclosed.
- ☐ An Associate Power of Attorney is also enclosed.
- ☐ A Revocation of Power of Attorney of Authorization of Agent is enclosed.
- ☐ A Power of Attorney or Authorization of Agent is enclosed.
- ☒ No additional fee is required.
- ☐ A Supplemental Information Disclosure Statement

☐ An additional fee is required, and is calculated as shown below:

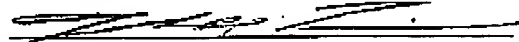
FEE CALCULATION TABLE					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	19	MINUS 20 =	0	x \$18 =	\$0
Independent Claims	4	MINUS 4 =	0	x \$86 =	\$0
If Amendment adds multiple dependent claims, add \$220.00					
Patent Extension Fee Under 37 C.F.R. §1.136(a) for ___ Months					N/A
Total Amendment Fee					N/A
If Amendment requires a Supplemental Information Disclosure Statement					N/A
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					N/A

☐ A Credit Card Payment Form in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No.

Respectfully submitted,

By:



Rochelle Lieberman
Registration No. 39,276
Attorney for Applicant

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Attorney Docket No.: 1228-201

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<u>1/27/05</u> Date of Deposit	<u>[Signature]</u> Rochelle Lieberman

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RESPONSE TO OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Mail Stop: Amendment

Sir:

In response to the Notice of Non-Compliant Amendment dated January 10, 2005, Applicant has included a listing of all of the claims, including previously canceled claims, and respectfully requests reconsideration of the outstanding rejection(s) of the claims in view of the remarks that follow.